

NDMS NOTIFICATION OF TRAINING/REQUEST FOR TRAINING

Accepted Volunteer Services - Uncompensated

TEAM NAME: _____

Is this a notification of training or a request to appoint team members to temporary Federal status for the purpose of coverage under the Federal Employees Compensation Act and the Federal Tort Claims Act?

Please check one

☐ Notification of Training ☐ Request for Training *to include Federal coverage listed above*

② Training sessions held this fiscal year:

③ Estimated # of members to participate:

④ Date Notification/Request Submitted:

⑤ Date(s) & Time of Training:

Location of Training:

Primary Team Contact

Name _____
Work # _____
Home # _____
Emergency # _____

Alternate Team Contact

Name _____
Work # _____
Home # _____
Emergency # _____

Purpose and Brief Summary of Training Scenario:

List participating agencies/organizations:

Type of Transportation:

Send Notification/Request to:

NDMS-Training
12300 Twinbrook Parkway, Suite 360
Rockville, MD 20857

To be completed by NDMS for Training Request (Federal Employees Compensation Act & Federal Tort Claims Act coverage) ONLY:

☐ Approved ☐ Disapproved

Signature & Date

--	--

INSTRUCTIONS

Check the appropriate box to indicate a Notification of Training or Request for Training.

Notification of Training is checked when the team does not need coverage under the Federal Employees Compensation Act and the Federal Tort Claims Act, or when the type of training is inappropriate for the coverage (i.e., attending seminars, lectures, and didactic sessions held in a classroom setting).

Request for Training is checked when the team is requesting that members be appointed to temporary Federal status to provide coverage under the Federal Employees Compensation Act and the Federal Tort Claims Act (i.e., simulated disaster drills and field training exercises). A Request for Training must be submitted for NDMS approval and received at least three weeks (21 calendar days) before the start of training.

Total the number of training sessions held during the current fiscal year (FY). The fiscal year for the Federal government is October 1 through September 30 (i.e., FY 97 is October 1, 1996 through September 30, 1997).

Indicate the number of team members estimated to participate in the training session.

Give the date the NDMS Notification of Training/Request for Training form is mailed to NDMS.

Provide the scheduled date(s) and time(s) for the training session.

Give the site(s) where the training is to take place.

Provide work, home and emergency telephone numbers for the primary team member and alternate team member to contact regarding this training request.

Describe the objectives to be accomplished during the training session. Give a brief summary of the training scenario. The scenario, for approval, must include training involving medical treatment, Triage, etc.

List all agencies and/or organizations participating in the training session.

Provide the mode of transportation the team is using to travel to and from the exercise site. If applicable, list type of transport to be used during the exercise.